2023 State Health Plan Open Enrollment

Training for Health Benefit Representatives

Open Enrollment Dates
October 10-28, 2022
Topics for Today

- HBR Role Prior to and during Open Enrollment
- Member Action for 2023
- Plan Options
- Premiums
- Enrollment Process Overview
- Communicating Open Enrollment to Members
- HBR Resources
HBR Role for Open Enrollment
Your Critical Role as an HBR

- HBRs are the main avenue through which members receive benefit information.
- You serve as ambassadors for the Plan.
- It is critical that you are knowledgeable about Plan changes prior to Open Enrollment.
- If you are well-prepared to handle questions, it will create a better member experience.
- Your role is to educate employees on benefits, **NOT** enroll them in the eBenefits system as eBenefits is a self-service system.
- Given that Open Enrollment will take place over three weeks, it will be very **IMPORTANT** to approve tasks in a timely manner.
Reports & Enrollment Approvals

- It is important to utilize reports in eBenefits, such as the Employee Participation Report found under the Benefits tab.
  - You will need to select Medical in the Benefit Type (if applicable) and Open Enrollment in the Current Benefits/Open Enrollment drop down to identify members that still need to take action.
  - Members that have not yet taken action will have a blank in the field labeled DECLINATION_REASON.

- Changes are not sent to any vendors including CVS and Blue Cross and Blue Shield of North Carolina (Blue Cross NC) until the task has been approved.

- The Task List report (Data & Reporting, Standard Reports, and Task List report) provides a list of tasks which requires attention.

- The Account Management team at Benefitfocus will provide an updated OE Toolkit which will include useful reporting. The toolkit will be uploaded into HBR University.
New Enrollments During Oct. 10 – Dec. 31

- Newly eligible/enrolling members during and after OE:
  - Will be automatically prompted to complete their OE elections
  - Must complete the tobacco attestation for 2022 and 2023
    - If applicable, they must visit a provider to complete at least one tobacco cessation counseling session and obtain their credit.

- Please remember to set up new hires as quickly as possible to ensure they have the full 30 days to complete their enrollment.

- Just a friendly reminder that the New Employee Resources Center is available on the Plan’s website!
Dependent Eligibility Reminder

- Open Enrollment is the time to add/drop dependents and/or change plans.
- Outside of OE, there must be a Qualifying Life Event (QLE) to add/drop dependents within 30 days of the event.
- Dependent verification documentation is required for all dependents. **It is the HBR’s responsibility to ensure proper documentation is uploaded for all new dependents, including dependents added during OE!**
- Mass approvals are not associated with dependent verification, so HBRs will still need to remind employees about their need for documentation and be responsible for approving them.
- These transactions should not be approved without proper dependent verification and/or QLE documentation.
  - Full list of required documents on the Plan’s website.
  - Documents should be uploaded and stored in eBenefits.
- As a reminder, while the Plan audits a large percentage of these actions on a monthly basis, HBRs cannot rely on the Plan’s audits to find transactions without the proper documentation. The Plan will not approve an enrollment exception just because an Employing Unit has not collected proper documentation.
- Contact HBR Support at Benefitfocus or your Account Manager for help.
Action Required for Active Employees

- ALL active employees, including dependents, will be moved to the Base PPO Plan (70/30) effective Jan. 1, 2023.
  - Employees will see this change when they log in to eBenefits during Open Enrollment.
- Subscribers **MUST** take action to enroll in the Enhanced PPO Plan (80/20) and reduce their premium in either the Base 70/30 or Enhanced 80/20 Plan.
- Failure to take action by Oct. 28 will result in:
  - Remaining on the Base PPO Plan (70/30) for 2023.
  - Paying more for subscriber-only premium for failure to complete the tobacco attestation.

*Please note: The 80/20 and 70/30 plan names have changed. However, these are still the same plans offered previously to State Health Plan members.*

All members will receive a new ID card regardless of their action during OE.
Plan Options
The State Health Plan will continue to offer two plan options to active employees and non-Medicare retirees for 2023:

**Enhanced PPO Plan (80/20)**

Members pay a 20% coinsurance for eligible in-network services. For some services (i.e., office visits, urgent care or emergency room visits), members pay a copay. Affordable Care Act (ACA) Preventive Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

**Base PPO Plan (70/30)**

Members pay 30% coinsurance for eligible in-network expenses. Similar to the Enhanced 80/20 plan, members pay a copay for some services (i.e., office visits, urgent care or emergency room visits). Affordable Care Act (ACA) Preventive Services performed by an in-network provider are covered at 100% by the Plan, at no cost to the member.

Members can reduce their employee premium by completing the tobacco attestation in both plans!
2023 Open Enrollment Tobacco Attestation Activity

- Subscribers can attend a tobacco cessation counseling session at a provider’s office that offers this service for free to lower their 2023 employee-only premium by $60.
  - If they combine their tobacco cessation visit with another service, there may be a copay.
- To earn the $60 premium credit, subscribers may complete the tobacco cessation counseling session between **July 1 and November 30, 2022**. They do not have to wait until Open Enrollment!
- **Please note** this action is only for tobacco users who want to reduce their 2023 premium. If the subscriber is a non-tobacco user, they will simply attest to that fact during the Open Enrollment.
- To ensure subscriber receives credit for visit, please encourage them to upload their provider office visit summary to the “Document Center” located in eBenefits, the Plan’s enrollment system. *They should make sure they request a copy of their summary during their visit.*

**July 1, 2022**
- Tobacco users can start visiting a provider to complete their counseling session.

**November 30, 2022**
- Tobacco users will have until November 30, 2022, to complete this activity.
2023 Open Enrollment Tobacco Attestation Activity

- A postcard was mailed this month to subscribers who:
  - Selected they were a tobacco user during last year’s OE
  - Selected they were a tobacco user but willing to complete a cessation session during last year’s OE
  - Took no action during last year’s OE

- Reminder: Cessation Counseling Throughout the Year
  - If a member is interested in receiving a tobacco cessation counseling session at any point in the year, they can just GO to a provider's office at no charge.
  - If they combine their tobacco cessation visit with another service, there may be a copay.
Tobacco Attestation Savings

<table>
<thead>
<tr>
<th></th>
<th>Enhanced 80/20</th>
<th>Base 70/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber-Only Monthly Premium</td>
<td>$110</td>
<td>$85</td>
</tr>
<tr>
<td>Attest to being a non-tobacco user or agree to visit a provider (by Nov. 30, 2022) for at least one cessation counseling session to earn a monthly premium credit.</td>
<td>-$60</td>
<td>-$60</td>
</tr>
<tr>
<td>Total Monthly Subscriber-Only Premium (With Credit)</td>
<td>$50</td>
<td>$25</td>
</tr>
</tbody>
</table>

Subscribers enrolled through the Retirement Systems that select the Base 70/30 Plan do NOT need to complete the tobacco attestation.
## 2023 Benefits – Enhanced 80/20 Plan

No major benefit changes for 2023.

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>Enhanced 80/20 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,250 Individual</td>
</tr>
<tr>
<td></td>
<td>$3,750 Family</td>
</tr>
<tr>
<td></td>
<td>(Combined Medical &amp; Pharmacy)</td>
</tr>
<tr>
<td><em><em>Medical/Rx Out-of-Pocket</em> (OOP)</em>*</td>
<td>$4,890 Individual</td>
</tr>
<tr>
<td></td>
<td>$14,670 Family</td>
</tr>
<tr>
<td></td>
<td>(Combined Medical &amp; Pharmacy)</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>PCP</strong></td>
<td>$0 for CPP PCP on ID Card</td>
</tr>
<tr>
<td></td>
<td>$10 for non-CPP PCP on ID Card</td>
</tr>
<tr>
<td></td>
<td>$25 for any other PCP</td>
</tr>
<tr>
<td><strong>Behavioral Health Provider</strong></td>
<td>$0 CPP Provider</td>
</tr>
<tr>
<td></td>
<td>$10 non-CPP Provider</td>
</tr>
<tr>
<td><strong>Specialist Copay</strong></td>
<td>$40 for CPP Specialist</td>
</tr>
<tr>
<td></td>
<td>$80 for other Specialists</td>
</tr>
<tr>
<td><strong>Speech, Occupational, Chiro and Physical Therapy Copay</strong></td>
<td>$26 for CPP Providers</td>
</tr>
<tr>
<td></td>
<td>$52 for other Providers</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$70</td>
</tr>
<tr>
<td><strong>Hospital &amp; ER Copays</strong></td>
<td>$300 + Ded/Coins.</td>
</tr>
</tbody>
</table>
## 2023 Benefits – Base 70/30 Plan

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>Base 70/30 Plan</th>
</tr>
</thead>
</table>
| Deductible                           | $1,500 Individual  
                                          $4,500 Family  
                                          (Combined Medical & Pharmacy) |
| Medical/Rx Out-of-Pocket (OOP)       | $5,900 Individual  
                                          $16,300 Family  
                                          (Combined Medical & Pharmacy) |
| Preventive                           | $0                                                   |
| PCP                                  | $0 for CPP PCP on ID Card  
                                          $30 for non-CPP PCP on ID card  
                                          $45 for any other PCP            |
| Behavioral Health Provider           | $0 CPP Provider  
                                          $30 non-CPP Provider             |
| Specialist Copay                    | $47 for CPP Specialist  
                                          $94 for other Specialists       |
| Speech, Occupational, Chiro and Physical Therapy Copay | $36 for CPP Providers  
                                          $72 for other Providers         |
| Urgent Care                          | $100                                                 |
| Hospital & ER Copays                | $337 + Ded/Coins.                                    |
2023 Pharmacy Benefits

<table>
<thead>
<tr>
<th>Rx Tier</th>
<th>Enhanced 80/20</th>
<th>Base 70/30</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 – Generics &lt;$150</td>
<td>$5</td>
<td>$16</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 2 – Preferred Brands &amp; High-Cost Generics</td>
<td>$30</td>
<td>$47</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 3 – Non-Preferred</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 4 – Low-Cost Generic Specialty</td>
<td>$100</td>
<td>$200</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 5 – Preferred Specialty</td>
<td>$250</td>
<td>$350</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Tier 6 – Non-Preferred Specialty</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Preventive Medications</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred Diabetic Supplies</td>
<td>$5</td>
<td>$10</td>
<td>Coins</td>
</tr>
<tr>
<td>Preferred and Non-Preferred Insulin</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Cost is for a 30-Day Supply

No major benefit changes for 2023.
Pharmacy Benefit Reminders

- CVS Caremark is the Pharmacy Benefits Manager for the State Health Plan. Remember that the Plan continues to maintain a customized closed formulary, or drug list.

Closed Formulary – In a “closed” formulary, certain drugs are excluded.

- The formulary is updated on a quarterly basis and members should always review it to see if there have been any coverage changes to their prescribed medications.
- An exception process is available to providers who believe that, based on medical necessity, it is in the members’ best interest to remain on the excluded drug(s).
- Exception requests for tier level changes are not permitted.

Excluded drugs approved for coverage through the exceptions process will be at the tier 3 or tier 6 member copay level.
High Deductible Health Plan (HDHP) Enrollment

- No benefits changes in the HDHP for 2023.
- Employees selecting the HDHP will enroll through eBenefits.
- Employees that are currently enrolled and are still eligible do not need to take action unless they need to update their dependents. They will be automatically re-enrolled.
- The HDHP features a higher deductible than other traditional medical and pharmacy benefit plans.
- Employees should check with HBRs to confirm their eligibility prior to enrolling.
- Employees eligible for this plan will click eBenefits at the top of the State Health Plan home page, then register with a username and password before enrolling.
Premium Rates
## 2023 Premium Rates

<table>
<thead>
<tr>
<th>Monthly Premium Rates</th>
<th>2023 Rates *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enhanced 80/20 Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$50.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$305.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$700.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$720.00</td>
</tr>
<tr>
<td><strong>Base 70/30 Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$25.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$218.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$590.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$598.00</td>
</tr>
</tbody>
</table>

*Assumes completion of tobacco attestation. The employee-only premium will be $60 higher per month if the tobacco attestation is not completed. NOTE: Base 70/30 Plan for retiree-only coverage remains premium free.*

For the 5th year in a row, no employee premium increases!
2023 Premium Rates (High Deductible Health Plan)

<table>
<thead>
<tr>
<th>Monthly Premium Rates</th>
<th>2023 Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP</td>
<td></td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$96.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$284.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$513.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$617.00</td>
</tr>
</tbody>
</table>
Employer Contributions

- For 2022, the Plan rolled out a new rate structure to align with the rates outlined in the 2021-2022 fiscal year budget. We now have an Active-Employer contribution rate and a Retirement Systems contribution rate.

- For 2023, the Plan is streamlining the rate structure so that the Active Employer contribution rate and the Retirement Systems contribution rate no longer varies based on the Medicare status of the members.
  - For example, if you have an employee that is 66 years old and retiring, the Active Employer contribution rate will not be reduced during the last month of coverage. The rate will stay the same regardless of the employee’s Medicare status.

- The monthly employer contributions below will be effective January 1, 2023, which means they should be reflected in December payroll deductions.
  - Active Employer Contribution Rate: $584.96
  - Retiree Employer Contribution Rate: $472.08
  - Non-Permanent Full-time Employer Rate (HDHP): $159.88

- As a reminder, the current monthly employer contribution rate for active employees is $647.86
January Invoices

- January invoices
  - Can be scheduled to run any time after December invoice has been paid
  - Contact the Blue Cross NC Billing Department at 800-245-7319 or stateppoinvoice@bcbsnc.com.
- Please remember to request the invoice date to be changed back to your regular preferred schedule.
**ACTION REQUIRED**

All active members and non-Medicare retirees were moved to the 8030 PPO Plan (70/30) for the 2023 benefit year. If you prefer to enroll in the Enhanced PPO Plan (80/20), you MUST TAKE ACTION. If you want to reduce your monthly premium by $80 for either plan, you MUST TAKE ACTION by October 28, 2022.

If you enroll in the Enhanced PPO Plan (80/20) or Basic PPO Plan (70/30) and visit your selected PCP, you can receive a co-pay reduction. Please make sure a PCP is selected.

Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the "Get Started" button. When you have completed your enrollment you MUST click SAVE! A green congratulations message will appear when you have successfully completed your enrollment selection.

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**Your benefits at a glance**

**Medical Benefit**

- 80/20 PPO Plan (80/20)

**Future Benefits**

- NC Total Retirement Savings
  - My NC Total Retirement Savings
  - Do you need to update your PCP?

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**My NC Total Retirement Savings**

- Time to think about your retirement!
- Invest in your future with the NC 401(k)/NC 457 Plans and/or NC 403(b) Program. Exclusive to Public Employees of North Carolina, these plans offer diverse investment options with low fees. Enrollment is easy and begins online. Start saving and investing in YOU with simple payroll deductions that you can change at any time during the year. Saving today will impact your tomorrow!
- Do you already have a NC 401(k)/NC 457 Plan and/or NC 403(b) Program account?
- Consider increasing your contributions. Even a small amount can go a long way! Login to your account and use the Retirement Income Calculator to see how saving MORE NOW can impact your future in retirement.
- Near Retiree?
- Consider staying or retiring into the NC Supplemental Retirement Plans in retirement. This way you can retain the value and integrity of strong performing, competitively priced funds through investment oversight and continued use of the tools, resources and personalized features.

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**Do you need to update your PCP?**

- Click the "Select or Update Primary Care Provider" link under Message Account.
Open Enrollment Benefits

All active and Non-Medicare members were moved to the Base PPO Plan (70/30) for the 2023 benefit year. If you want to enroll in the Enhanced PPO Plan (80/20), YOU MUST TAKE ACTION. If you want to reduce your monthly premium by $50 for either plan, YOU MUST TAKE ACTION by October 28, 2022. REMEMBER to CLICK SAVEn After you see the green "Congratulations" message PRINT your Confirmation Statement. This is Not Applicable to HDHP Members.

Your Medical coverage
Base PPO Plan (70/30)

Offered By:
Blue Cross and Blue Shield of North Carolina

Effective Date:
01/01/2023

Persons Covered:

You Pay (Monthly Total): $85.00

Edit coverage
Show Plan Details
Decline

Save changes
Return home
Open Enrollment Selection
“Action Required” Pop up Statement

ACTION REQUIRED: Open Enrollment Oct 10-Oct 28, 2022

All active and Non-Medicare members were moved to the Base PPO Plan (70/30) for the 2023 benefit year. If you prefer to enroll in the Enhanced PPO Plan (90/20), YOU MUST TAKE ACTION. If you want to reduce your monthly premium by $50 for either plan, YOU MUST TAKE ACTION by October 28, 2022.

When you have completed your enrollment you MUST click SAVE! A green congratulations message will appear when you have successfully completed your enrollment selection.

cover on this plan?

Close
Plan Selection Page/Add Dependents(s)
2023 Tobacco Attestation

Tobacco Attestation (Premium Credit $60)

I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session by November 30, 2022. (Please note: You may lose your $60 monthly premium credit if you do not visit an in-network Primary Care Provider for a tobacco cessation counseling session by November 30, 2022.) As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- [ ] I am NOT a tobacco user
- [ ] I AM a tobacco user but agree to participate in a cessation counseling program by 11/30/2022
- [ ] I AM a tobacco user

Next  Previous  Cancel
New Hire Member Screen
- Note will display if member is completing initial enrollment and Open Enrollment at same time.

Please Note
- Medical elections have been successfully applied to the upcoming benefit year.
- The 2022 Tobacco Attestation answer(s) have been successfully forwarded to the upcoming benefit year.

Next
Your Benefits Review

Open Enrollment Benefits
All active and non-Medicare members were moved to the Base PPO Plan (70/30) for the 2023 benefit year. If you want to enroll in the Enhanced PPO Plan (80/20), YOU MUST TAKE ACTION. If you want to reduce your monthly premium by $50 for either plan, YOU MUST TAKE ACTION by October 28, 2022. REMEMBER to CLICK SAVE! After you see the green “Congratulations” message PRINT your Confirmation Statement. “This is Not Applicable to HDHP Members”

Your benefits
- Your plan cost has been updated.
- Your cost reflects your answers to the Tobacco Attestation (Premium Credit $50) survey

**Your Medical coverage**
Base PPO Plan (70/30)
Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2023
Persons Covered: 

You Pay (Monthly Total): $25.00

Save changes Cancel
Congratulations Banner

**ACTION REQUIRED**

As active employees or Non-Medicare retirees were moved to the Base FPO Plan (7020) for the 2023 benefit year. If you prefer to enroll in the Enhanced FPO Plan (8020) YOU MUST TAKE ACTION. If you want to reduce your monthly premium by $50 for either plan, YOU MUST TAKE ACTION by October 28, 2022.

If you enroll in the Enhanced FPO Plan (8020) or Base FPO Plan (7020) and visit your selected PCP, you can receive a cost share reduction. Please make sure a PCP is selected.

Click on the video to view a short step-by-step demonstration of the online enrollment process.

When you are ready to complete the enrollment process you will need to click the "Get Started" button. When you have completed your enrollment you MUST click SAVE! A green congratulations message will appear when you have successfully completed your enrollment selection.

Your benefits at a glance

<table>
<thead>
<tr>
<th>Current Benefits</th>
<th>Future Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td><strong>Base FPO Plan</strong></td>
</tr>
<tr>
<td></td>
<td>(7020)</td>
</tr>
</tbody>
</table>

My NC Total Retirement Savings

Time is on your side!

In the next 6 weeks, close to $300,000 will be in your retirement account. This is the equivalent of an extra $500 added to your retirement. Here are some tips to help you plan for retirement:

- **Stock up on health benefits.**
- **Consider increasing your contribution.**
- **Do you have a 401(k)/457 Plan?**
- **Consider staying or rolling into the NETS Supplemental Retirement Plan.**

[Image: North Carolina State Health Plan logo]
Important Points to Reinforce for Members

- Members need to **SAVE** their choices at the end of the enrollment process.
- Many members overlook this vital, final step and therefore fail to complete enrollment!
- All enrollment choices will be displayed for confirmation – but the member isn’t finished yet!
- Members then need to scroll down and click **SAVE** to record their enrollment choices. Otherwise, it will be as if they never enrolled.
- Printing out their confirmation statement is also recommended!
- Members that call into the call center to complete their enrollment will receive a mailed confirmation statement.

The choices you pick Will NOT stick
Unless you SAVE them With a CLICK!
No Global Password Resets for Members

- There will not be any global password resets for your employees!
- Passwords must be reset individually following the steps below:
  1. Pull up individual employee in eBenefits
  2. Under “Manage Employee” Select “Update Login Information”
  3. Create new password under “Change Member Password” and confirm that the “Allow this member to log in” box is checked. This enables the member’s account.
  4. Click “Save Login ID and Password”
  5. Once the employee logs into eBenefits with their temporary password they will be prompted to set their own password.

- These instructions will be available in HBR University in this year’s OE Toolkit provided by the Account Management Team at Benefitfocus.
Medicare Retiree Plan Changes
2023 Medicare Retiree Plan Options

- Medicare retirees will have the following plan options for 2022:
  - Humana Medicare Advantage Base Plan (90/10)
  - Humana Medicare Advantage Enhanced Plan (90/10)
  - Base PPO Plan (70/30) administered by Blue Cross NC

- Medicare Primary members enrolled in the Humana Medicare Advantage Base or Enhanced Plan will remain in the plan in which they are currently enrolled.

- Medicare Primary members enrolled in the Base PPO Plan (70/30) will be enrolled in the Humana Medicare Advantage Base (90/10) Plan.

- If they would like to be enrolled in a different plan, or need to add a dependent, they will need to take action during Open Enrollment.

- Encourage your retirees to attend in-person Medicare Outreach meetings in September & October or webinars will be available.

**Important Note:**
Members are not able to edit/add Medicare information; they must call the Eligibility and Enrollment Support Center or have their HBR update it.
Communicating Open Enrollment to Employees

- Resources available on the Plan’s website will include:
  - Videos
  - Decision guides
  - Rate sheets
  - Comparison charts
  - Benefit booklets
  - Summary of coverage documents
  - Multiple webinars available for employees
  - OE Flier for Worksites (available in HBR University/Website)

Remember to process terminations timely for members turning 65 and retiring so they receive the appropriate mailers.
Extended Call Center Hours

- The Eligibility and Enrollment Support Center will have extended hours during Open Enrollment:
  - Monday-Friday, 8 a.m. – 10 p.m.
  - Saturdays, 8 a.m. – 5 p.m.
- Encourage your employees not to wait until the last minute!
- Call wait times are always longer the first two days and last two days of OE.
- Again, this year there will be a virtual hold option for members calling in who would rather not hold and receive a call back when a representative is available.

855-859-0966
HBR University Reminder

- HBR University is the Plan’s online learning management tool powered by SkyPrep.
- This tool allows the Plan to issue and track trainings to ensure you have the knowledge and guidance necessary to perform your duties as they relate to the Plan.
- HBR University, which you can access online anywhere at your own convenience, focuses on the roles and responsibilities of HBRs and important State Health Plan policies and procedures.
- After your initial registration in HBR University, you are encouraged to log in at https://shpnc.skyprepapp.com/account/signin to:
  - Enroll in trainings offered in the Course Catalog and
  - Review job aids in the Resource Center.
- **HBR University will contain an Open Enrollment folder with resources!**
Any Questions?

HBR SUPPORT LINE
800-422-5249
- BEACON HBRs can call HBR Support line for general questions
- Reach out to BEST Shared Services for member-specific issues and billing
  - 919-707-0707 (in Raleigh) or 866-622-3784
  - Submit a ticket to SVC_OSC.best <best@osc.nc.gov

ELIGIBILITY AND ENROLLMENT SUPPORT CENTER for Members
855-859-0966

CVS CAREMARK (PHARMACY BENEFITS)
888-321-3124

BLUE CROSS AND BLUE SHIELD OF NC (BENEFITS, CLAIMS and HDHP)
888-234-2416

iTEDIATE (PREMIUM BILLING, DIRECT BILL/COBRA)
877-679-6272